



MEMBERSHIP APPLICATION FORM

Workshop on Mathematical Models for the Study of the Infection Dynamics of Emergent and Re-emergent Diseases in Humans (22 - 26 Oct 2007)

This form should be completed and returned to: Institute for Mathematical Sciences, 3 Prince George's Park, Singapore 118402 or fax to: (65) 6873 8292, at least 3 months before commencement of the membership.

1. PERSONAL PARTICULARS

Title and Full Name as in Passport/Identity Card (underline Surname/Family Name): Prof / Dr / Mr / Mrs / Ms**				Designation:		
Institution Name & Address:			Telephone Nos.:			
Postal Address: (if different from above address):			(Office)	(Mobile)		
			(Home)	(Pager)		
			Fax No.:			
			E-mail Address:			
			Nationality:			
			Passport No.:		Date of Issue:	
Date of Birth:	Sex*:	□ Female	Place of Issue:		Date of Expiry:	
Country of Birth:						

2. ITINERARY AND ACCOMMODATION								
Date of Arrival (confirmed/tentative**):	Date of Departure (confirmed / tentative**):	confirmed / tentative**): Lodging Arrangement*		No. of accompanying family				
		□ Yes	□ No	member(s):				
If lodging arrangement is required please specify your preferences. (More information on lodging is available at htt://www.ims.nus.edu.sg/vizinfo.htm)*:								
□ NUS Campus Lodging (limited availability) □ Off Campus Club House / Inn / Hotel (indicate name below)				Room Type*:				
				☐ Superior	Deluxe			
				Occupancy*:				
☐ Other Requests / Comments:		☐ Single Double						
	Inclusive of breakfas		kfast*:					
				□ Yes	🗆 No			
If your family member(s) is to accompany you, please provide the following for each family member.:								
Name	City and Country of Birth							
1.								
2.								
3.								
4.								

3. FINANCIAL POSITION (Applicable to those applying for financial support)						
Please indicate types of financial support required from Institute*: Travel Cost Living Expenses Others (please specify) :	Have you applied or been granted financial support from other sources for your visit*:					
If you wish to apply for financial support from IMS, please provide 3 letters of recommendation to be sent by the letter writers directly to the following address:	The following individuals will submit letters of reference for my applications: Name Affiliation					
The Director Institute for Mathematical Sciences National University of Singapore 3 Prince George's Park	1. 2. 3.					
Singapore 118402 Republic of Singapore						

4. PUBLICATIONS

Please list your publications in chronological order on a separate sheet and attach.

5. CURRICULUM VITAE

Please attach your curriculum vitae on separate sheet.

*Please 🖾 as appropriate

Note: • IMS members do not need to complete any registration form for all the program activities such as conferences, workshops and tutorials.

- Fax no. is required for transmission of Employment/Dependent's Pass application form to expedite application, which can take up to 4 weeks. Employment/Dependent's Pass is necessary for periods of stay 14 days or longer.
- If you have not finalized the confirmed arrival and departure dates, please let us have them at least 2 months before your arrival to Singapore.
- Only limited on-campus accommodation is available. If you are requesting such accommodation, we need your confirmed arrival and departure dates so that we can try our best to secure a room for you.